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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/520,750	01/07/2005	Hiroshi Takeuchi	71651	2607
23872 MCGLEW & T	7590 04/03/200 UTTLE, PC	9	EXAM	IINER
P.O. BOX 9227			SANDERS, KRIELLION ANTIONETTE	
	SCARBOROUGH STATION SCARBOROUGH, NY 10510-9227		ART UNIT	PAPER NUMBER
			1796	
			MAIL DATE	DELIVERY MODE
			04/03/2009	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Interview Summary	10/520,750	TAKEUCHI ET AL.	
interview Summary	Examiner	Art Unit	
	Kriellion A. Sanders	1796	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>Kriellion A. Sanders</u> .	(3)		
(2) <u>Maria Nowell</u> .	(4)		
Date of Interview: 30 March 2009.			
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant 2	2)∏ applicant's representative	;]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) No.		
Claim(s) discussed:			
Identification of prior art discussed:			
Agreement with respect to the claims f) was reached. g)∏ was not reached. h)∏ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>Ms. Nowell verified that to</u>		if an agreement	was
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTERPOLITIES ON REVERSE SIDE OF ON Attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM, '	been filed, APP / DAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO
/Kriellion A. Sanders/ Primary Examiner, Art Unit 1796			

Application No.

Applicant(s)